

1959

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS 904.0
CERTIFICATE OF DEATH

STATE FILE NO. 5262

REGISTRAR'S NO. 999

BIRTH NO.

| | | | | |
|---|--|-------------------|---|------------------------|
| 11 96 DEATH ND 320 RESIDENCE 5 | 1. PLACE OF DEATH A. COUNTY PIMA | | 2. USUAL RESIDENCE A. STATE Arizona | |
| | B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN Tucson | | C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Duncan | |
| | D. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital | | D. STREET ADDRESS P.O. Franklin | |
| DENT 3 ONAL 183 TA 7 049 | 3. NAME OF DECEASED A. (FIRST) EMIL B. (MIDDLE) C. (LAST) BERRY | | 4. SEX Male | 5. COLOR OR RACE White |
| | 6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 7. DATE OF BIRTH MONTH 2 YEAR 1866 MONTHS 8 DAYS 15 | |
| | 8. AGE YEARS 83 MONTHS 8 DAYS 15 | | 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED) Retired Rancher | |
| USE 904.0 OF ATH 0 A 18) 9 | 9B. KIND OF BUSINESS OR INDUSTRY Rancher | | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Scotsdale, Pa. | |
| | 11. CITIZEN OF WHAT COUNTRY? U.S.A. | | 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No | |
| | 13. SOCIAL SECURITY NO. None | | 14A. FATHER'S NAME P | |
| TIONS, OPSY 2 ATH 05 TO 33 RNAL 2 ENCE 2 | 14B. BIRTHPLACE (STATE OR COUNTRY) P | | 15A. MOTHER'S MAIDEN NAME Catherine -- | |
| | 16. INFORMANT'S SIGNATURE E. J. Gordon | | 17. DATE OF DEATH (MONTH) October (DAY) 27 (YEAR) 1949 | |
| | 18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING. SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) af. artery - ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STAT. ING THE UNDERLYING CAUSE LAST. DUE TO (c) fac. Hip left II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. | |
| ICAL ONER'S CATION | 19A. DATE OF OPERATION 8/16/49 | | 19B. MAJOR FINDINGS OF OPERATION Fac left hip femoral neck | |
| | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 21A. ACCIDENT (SPECIFY) SUICIDE HOMICIDE Accident | |
| | 21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) Home | | 21C. (CITY OR TOWN) (COUNTY) (STATE) Safford Arizona | |
| ERAL CTOR ND TRAR 2 | 21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY July 11 1949 (7) AM | | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | |
| | 21F. HOW DID INJURY OCCUR? Fall | | 22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 8/11/49 TO 10/27/49. THAT I LAST SAW THE DECEASED ALIVE ON 10/26/49 AND THAT DEATH OCCURRED AT 7:35 PM | |
| | 23A. SIGNATURE George Gordon Jr. D. | | 23B. ADDRESS Tucson Ariz | |
| 24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> | 24B. DATE 10-29-49 | | 24C. NAME OF CEMETERY OR CREMATORY Duncan Cemetery | |
| | 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Duncan, Ariz. | | 25A. DATE REC'D BY LOCAL REG. 10-28-49 | |
| | 25B. REGISTRAR'S SIGNATURE [Signature] | | 26. FUNERAL DIRECTOR'S SIGNATURE Reilly Funeral Home | |
| 27. EMBALMER'S SIGNATURE Richard D. Taplin | | 28. ADDRESS 287R. | | |